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ABSTRACT

Described is the first program in the State of Ohio for serving parents who need relief from parenting responsibilities or assistance during a period of crisis. Turning Point, a joint project of the North Side Child Development Center and the League Against Child Abuse, is a crisis assistance program that operates weekends to serve a maximum of 10 children who are primarily under 5 years of age, but can be as old as 13; who reside in Franklin County, Ohio; and who have previously been abused or neglected or are at risk of receiving such treatment from their parents. This report provides a position statement; a statement of premises; a rationale; discussions of liabilities, program characteristics, goals and objectives; and the program management plan. Operational flow charts concerning program development and the intake process are included, as well as a list of references. Appendices provide a list of factors associated with family violence, a staffing schedule, and a profile of the responsibilities of volunteers participating in the program. (RH)

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A MODEL FOR A CHILD ABUSE PREVENTION PROGRAM

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PS 016892

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A Joint Project of North Side Child Development Center and League Against Child Abuse

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CRISIS ASSISTANCE CHILD CARE PROGRAM

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I. POSITION STATEMENT AND PREMISES

Position Statement

The already serious problem of child abuse and/or neglect is expected to grow during the next several years. North Side Child Development Center and League Against Child Abuse, through a weekend crisis assistance program, can help prevent child abuse and/or neglect in certain families primarily by providing a means to temporarily separate the child from the parents and the crisis.

Premises

1. Because of serious definitional problems and the lack of any effective reporting system, it is difficult to obtain reliable numbers and statistics on the incidence of child abuse and/or neglect. However, the following estimates will be useful in describing the general dimensions of the problem:

   - The New York Sunday Times, November 30, 1975, estimated that as many as one million children were abused annually. This estimate has been frequently quoted by officials of the National Center on Child Abuse and Neglect. In 1983, The New York Times, indicated that, based upon the National Center on Child Abuse and Neglect estimates, approximately 1.1 million children were abused in 1982.

   - McNeese and Hebeler (1977) indicate that the estimated incidence of child abuse in the United States is 10 per 1,000 live births. The number of cases per year is thought to range from a low of 70,000 to a high of 4 to 5 million; a more realistic calculation is that 1.6 million children are abused each year.

   - Straus, Gelles, and Steinmetz (1980) report estimates based upon a nationally representative sample of 2,143 individual family members. Their survey yielded an incidence of 3.8 percent of American children aged 3 years to 17 years who are abused each year. Projected to the 46 million children aged 3 to 17 who lived with both parents during the year of the survey, this meant that between 1.5 and 2 million children were abused by their parents (Straus, et al., 1980; Gelles, 1973).

   - In Ohio, nearly 15,000 cases of child abuse are reported annually. In Franklin County, 35 cases are reported each week (League Against Child Abuse, 1982).

2. Although reliable statistics are scarce, there is evidence that child abuse is on the rise; there is also evidence that its incidence increases following unemployment and economic recession (Keniston, 1977).

3. Mental health problems have grown in Franklin County. A survey by the Franklin County Mental Health Board (1982) indicates that between 1970 and 1980:

   - more people have developed problems severe enough to need treatment.

- more people have need for preventative or educational mental health services than can be served by public or private mental health systems.

- local mental health agencies are able to meet only one-third of the needs of low income people for mental health services.

- populations that have at least twice the possibility of being at risk have increased, including blacks, divorced, or separated people.

- mental health providers have had an increase in:

    - the total number of clients between 1978 and 1981.

    - the number and percentage of people needing long-term care.

    - the need for crisis and emergency services.

4. Domestic violence has become an important community concern in Franklin County (Franklin County Mental Health Board, 1982).

   The incidence of domestic violence appears to be increasing:

    - at least 7.3 percent of the homes in Franklin County have experienced some domestic violence.

    - in 1982, abuse was substantiated in 28 percent of the child abuse cases investigated by Franklin County Children Services, an increase of 17.6 percent over 1981.

5. At the June 14, 1983, United Way of Franklin County Director's meeting, future human service priorities were discussed. Increased funding can be expected for programs integrating prevention and crisis intervention components as well as day care and services to the handicapped.

6. Hill (1958, 1949) proposed the ABCX model to describe pre-crisis factors operating in periods of family stress. McCubbin and Patterson (1980) extended the model to delineate post-crisis factors affecting family adaptation. According to these models, stress may never reach crisis proportions if the family is able to use existing resources and define the situation so as to restore the balance relatively quickly. One central key to the families' coping ability is the availability of existing or new resources. Figure 1 shows the Double ABCX model as proposed by McCubbin and Patterson (1980).

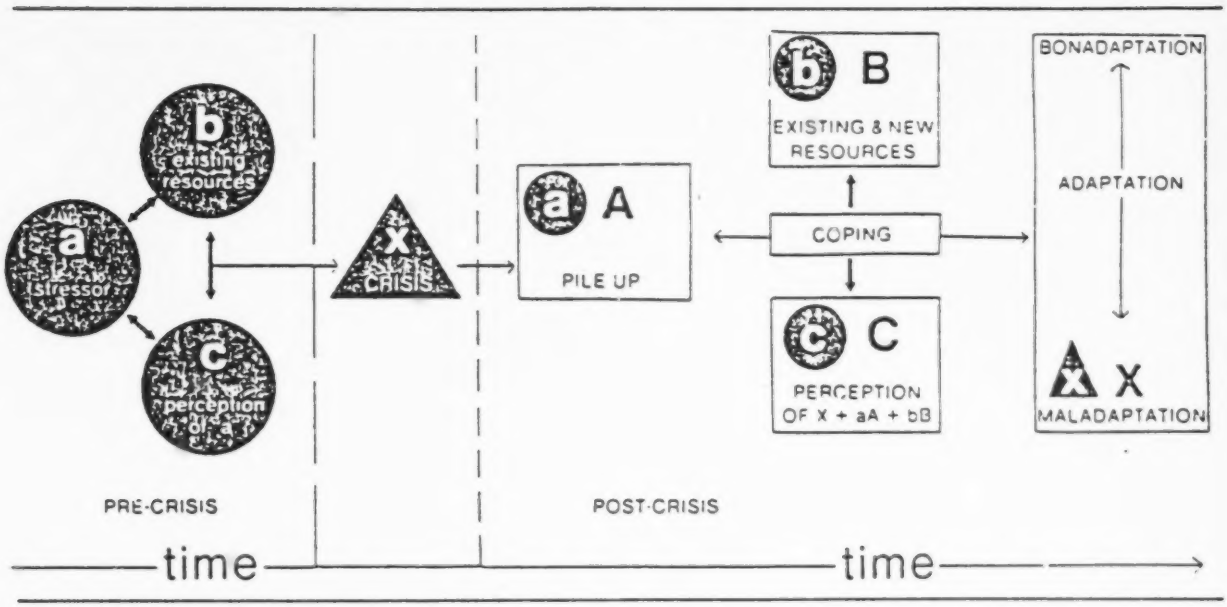


Figure 1: The Double ABCX Model

7. Charles F. Johnson, M.D., Director, Family Development Clinic, Children's Hospital, Columbus, Ohio, concludes:

> "Parents need the opportunity to temporarily place their child in care when they are under stress which might affect their ability to effectively parent. There are parents who cannot avail themselves of relatives or friends when they need this emergency service. This intended emergency child care program should not only provide quality care and stimulation for children but should also serve as models for demonstrating effective and healthy parenting techniques."

II. Statement of Need

The study of child abuse and family violence is a relatively new area in family studies. O'Brien (1971) reviewed past issues of the Journal of Marriage and the Family and found that from the inception of the journal in 1939 through 1969, there was not one article which contained the word "violence" in the title. This is not to say that research in the area of family violence, particularly child abuse, was not being carried out. The majority of published work on child abuse in the 1960's was written by medical or mental health professionals. It was not until 1971, when the Journal of Marriage and the Family published a special issue on family violence, that child abuse and family violence emerged as a major topic in family studies. With the passage of PL 93-247, the Child Abuse Prevention and Treatment Act of 1974, federal money for research and demonstration projects, and matching federal funds for direct services and staff training were allocated.

The knowledge base on family violence in the sixties focused on child abuse and was characterized by "singular and narrow theoretical and methodogical approaches to the problem" (Gelles, 1980). The prevailing attitude during the 1960's was that family violence was rare, and when it did occur, it was the product of mental illness or a psychological disorder.

The interest in family violence grew in the 1970's. Straus (1974) suggests that the high priority given to family violence during the 1970's was a result of public awareness and sensitivity to violence as witnessed by the war in Southeast Asia, assassinations, civil disturbances and rising crime rates during the 1960's; the emergence of the women's movement; and a decline of the consensus model of society employed by social scientists, and the ensuing challenge by those advancing a conflict or social action model.

During the 1970's interest was shown in child abuse prevention programs. In 1973, the first crisis nursery program was implemented at the University Hospital in Denver. The term crisis nursery was applied because of the program's affiliation with the neonatal and pediatric care units. Crisis nurseries developed out of a natural need for parents to get away from their children. Professionals were beginning to note that parents who did not have periods of relief from parenting responsibilities were becoming higher risks for abuse or neglect of their children.

Research in the 1970's was aimed at refuting conventional wisdoms and replacing them with informed data. Researchers struggled with definitional and methodological problems. The major issues were to establish reliable estimates of the incidence of family violence, to identify the factors associated with various types of violence in the home, and to develop theoretical models of the causes of family violence (Gelles, 1980). (For more information on these factors, please refer to Appendix A and to the Client Characteristics section of the Program Description.)

Research in the 1980's will continue to investigate these compelling and significant issues. Efforts will continue to reconcile definitional and methodological problems as well as to increase the understanding of the incidence and factors associated with family violence. However, more efforts are needed to

find ways of applying this information to the prevention, treatment, and reduction of violence in the family. The crisis assistance program is one attempt to apply the meager, yet significant, information obtained by researchers to a prevention program.

There are several problems associated with the various estimates of the incidence of child abuse. Definitional problems make it difficult to achieve consensus. Secondly, most estimates are based solely upon officially reported cases of child abuse. This is problematic in that not all instances of child abuse come to public or official attention. Therefore, the incidence of child abuse still remains an estimate in terms of the actual number of children abused and the groups most likely to abuse children. However, the fact remains that child abuse does occur, and more accurate detection and reporting has resulted in higher child abuse statistics.

Researchers have recognized that child abuse or severe child neglect is generally triggered by three interacting ingredients: a parent, a child, and a crisis. What is also becoming apparent is that a parent does not have to have a deep-seated emotional problem to resort to a sudden abusive act.

The next logical steps in addressing the problem of child abuse concern the application of what is known about child abuse toward effective means of dealing with both prevention and treatment. To date, there is no definitive answer. Parent education holds some promise, yet, this type of programming is not widespread or mature.

For those parents who are having difficulty in dealing with the stresses in our society and who are at risk of abusing their children, there are few alternatives. Parents do not choose regular nine to five hours to abuse their children. Therefore, any effective program must be capable of handling emergency and crisis situations at odd hours.

Crisis nurseries meet this need for flexibility and responsiveness. They provide a unique form of crisis intervention. In essence, they provide minimal intervention before the crisis erupts. They also provide supplemental services. To be most effective they must be integrated with the entire community system of social services. Alone, crisis nurseries cannot effectively help parents; they provide only short-term relief. But, as one form of crisis intervention, and only as one component of the total system, crisis nurseries may be of extreme value to the parent and to the child (Curtis, 1977). Since 1973, crisis nurseries have developed with a variety of focuses throughout the country. The benefits of such programs are being cited in much of the child abuse prevention literature. Helfer and Kempe (1976) address the direct benefits of crisis nurseries,

> "Most abusive parents have very few lifelines; when they are under stress or in a crisis situation, they frequently have nothing to do but to stay at home cooped up with the children. The close proximity to the child and the lack of alternatives for the parent frequently result in injury to the child. Crisis nurseries can help provide needed services at these

> stressful times. The primary purpose of a crisis nursery is the prevention of injuries to children. However, many other goals can be achieved through a facility. Parents can be helped to feel comfortable about getting away from the children; using the crisis nursery is often a prelude to their finding acceptable baby sitters and day care facilities in the community."

Martin (1976) suggests that a twenty-four-hours-a-day center to receive children for care when parents need relief or when parents are in crisis is one element in the overall prevention process. The National Center for the Prevention of Child Abuse and Neglect has included crisis nurseries as part of their Community Plan for Preventing Child Abuse; they have indicated that through the crisis nursery programs parents can receive support to alleviate the stresses of a particular situation and find assistance in locating long-term services.

The former United States Department of Health, Education, and Welfare concluded:

> "Communities across the nation are faced daily with providing service to children in crisis. No longer can communities ignore problems that occur after 'working hours.' With increased emphasis on reporting child abuse, strenghened by federal legislation, it has become imperative that communities find ways of providing emergency services to children and their families caught in a variety of crisis situations. Reporting of child abuse and neglect is of little worth to the child if services to relieve his plight are not available."

The North Side Child Development Center (NSCDC) and League Against Child Abuse (LACA) crisis assistance program, as we have proposed, is the first program in the State of Ohio which is designed to serve parents who need relief from parenting responsibilities or who need assistance during a crisis period. There is a need for such services to be provided twenty-four hours per day, seven days a week. However, as pointed out by professionals at Children's Hospital and LACA, the need for such services is greatest over the weekend. The crisis assistance program will operate from 6:00 p.m. Friday through 7:00 a.m. the following Monday and will serve ten children at a time between the ages of birth and twelve. It is hoped that the weekend crisis assistance pilot program can be extended to a twenty-four-hours-a-day, seven-days-a-week program sometime in the future.

III. Liabilities

The liabilities of the crisis assistance program have been discussed with Scott VanDerKarr, Assistant County Prosecutor, Juvenile Court, and with Paul Greve, Attorney, Children's Hospital. Two liability issues have been identified.

The first liability issue concerns an admission medical examination of the child. Social Services Instruction - Memorandum 103, Ohio Department of Public Welfare, stipulates that public child welfare must assure that the child receive... "an immediate admission examination by a physician or registered nurse for the purpose of identification and treatment of medical problems, especially communicable diseases before the child comes in contact with other children under care." By hiring a medical professional and requiring an admission medical examination, the program liability is addressed.

The second liability issue concerns the reporting of child abuse and/or neglect and the responsibility to report as outlined in Section 2151.421 of the Ohio Revised Code.

> "Any attorney, physician, including a hospital intern or resident, dentist, podiatrist, practitioner of a limited branch of medicine or surgery as defined by section 4731.15 of the Revised Code, registered or licensed practical nurse, visiting nurse, or other health care professional, licensed psychologist, speech pathologist or audiologist, coroner, administrator or employee of a child day-care center, or administrator or employee of a certified child care agency or other public or private children services agency, school teacher or school authority, social worker, or person rendering spiritual treatment through prayer in accordance with the tenets of a well recognized religion, acting in his official or professional capacity having reason to believe that a child less than eighteen years of age or any crippled or otherwise physically or mentally handicapped child under twenty-one years of age has suffered any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse of neglect of the child shall immediately report or cause reports to be made of such information...."

From the initial contact with the parent, it will be the policy of the Center to report child abuse and/or neglect to Franklin County Children Services. The parent will be informed that this procedure is in compliance with a law which we are liable to abide by and that we do not intend to remove the child(ren) from parental custody. It is hoped that an arrangement with Franklin County Children Services can be developed which would allow us to report child abuse and/or neglect without intervention from Franklin County Children Services because of the parent's voluntary placement in the crisis assistance program.

Unresolved Issues

The following areas represent issues which need to be resolved before the crisis assistance program can become operational. Work in all of these areas is in process, and the appropriate committees of the Professional Advisory Board have been established to deal with each concern.

A. Licensing of program

B. Renovation of facility

C. Funding for program

D. Intake forms

E. Fees

F. Staffing

G. Operational definitions: Abuse and/or neglect
Unit of service
Limited income resources

IV. PROGRAM GOAL AND OBJECTIVES

Program Goal

To plan, install, operate, and evaluate a weekend crisis assistance child care program at NSCDC in cooperation with LACA.

Program Objectives

1. To establish an interdisciplinary advisory board by June 10, 1983.

2. To gain the approval for the 1984 program by the Board of Trustees of NSCDC by December 1983.

3. To submit a grant request to the foundations by March 1984.

4. To establish funding and complete other arrangements necessary for "opening the doors" of the crisis assistance child care program by the fall 1984.

5. To develop performance criteria and measurements with which to evaluate the program and to begin measuring within six months after program start up.

6. To submit a written evaluation of the program with recommendations as to its future to the Board of Trustees of both Agencies and to the Professional Advisory Board within six months after the program is operational.

V. Program Description

A. Overview

Margaret A. Lynch (1978) suggests that despite problems with drawing general conclusions about the prognosis of child abuse from current available literature, the outlook for many abused children is grim. She notes that in order for this prognosis to improve, professionals working with abused children and their families must look beyond the overt abuse and commit themselves to specific crisis intervention techniques.

The crisis assistance program at NSCDC will help to provide aid to families in crisis through social service referrals to parents and refuge for children who have been abused and/or neglected or children who are at risk of being abused and/or neglected. Skillful, welltrained staff members will provide support to parents and a program of age-appropriate activities to children in an effort to help stabilize emotional stressors.

It will be necessary to communicate the objective, supportive nature of the program to the parent(s) rather than to threaten intervention. To reinforce this open communication, the program will attempt to assist the parent(s) in locating more permanent viable resources and/or support services. (Refer to Intake Procedure.)

At intake, parents will be provided referral information to help them stabilize emotional stressors. Children will be placed at North Side temporarily (for a maximum period of sixty-one hours) to aid in the prevention of immediate abuse or neglect.

At intake, each child will talk with a trained professional, and an initial developmental screening will be obtained to provide crisis assistance staff members a sense of direction in programming ageappropriate activities for individual children. This screening will also provide useful information to parents for permanent and future family or individual social service referrals. All collected data will be shared with the parent(s) of the child when he/she returns to the Center for the child following the resolution of the immediate crisis situation.

It is realized that long-term permanent success cannot be attained within a weekend crisis assistance program. The goal, however, is to provide support systems to parent(s) and child(ren) during periods of immediate family crisis and to lead parent(s) to appropriate alternatives to child abuse and/or neglect.

B. Operational Definitions

There are numerous and varied factors involved in defining child abuse and neglect. Cultural and ethnic backgrounds and professional training and attitudes concerning parenting and discipline techniques all contribute to individual definitions. When distinguishing between abuse and neglect within common, acceptable definitions, abuse is an act of commission, and neglect is an act of omission.

According to the National Council on Child Abuse and Neglect in Washington, D.C., any child under the age of eighteen years whose physical or mental health and/or welfare is harmed or threatened by acts or omission of acts by a parent or another person responsible for the child's welfare is considered an abused and/or neglected child.

The Ohio Revised Code provides guidelines that must be used to determine the validity of reports of child abuse and/or neglect. An abused child is one who:

2151.031

(A) "Is the victim of 'sexual activity' as defined under Chapter 2907, of the Revised Code, where such activity would constitute an offense under that chapter, except that the court need not find that any person has been convicted of the offense in order to find that the child is an abused child.

(B) Is endangered as defined in Section 2919.22 of the Revised Code, except that the court need not find that any person has been convicted under that section in order to find that the child is an abused child.

(C) Exhibits evidence of any injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it, except that a child exhibiting evidence of corporal punishment or other physical disciplinary measure by parent, guardian, custodian, person having custody or control, or person in loco parentis of a child is not an abused child under this division if the measure is not prohibited under Section 2919.22 of the Revised Code."

A neglected child includes any child:

2151.03

(A) "Who is abandoned by his parents, guardian, or custodian.

(B) Who lacks proper parental care because of the faults or habits of his parents, guardian, or custodian.

(C) Whose parents, guardian, or custodian neglects or refuses to provide him with proper or necessary subsistence, education, medical or surgical care, or other care necessary for his health, morals, or well being.

(D) Whose parents, guardian, or custodian neglects or refuses to provide the special care made necessary by his mental condition.

(E) Whose parents, legal guardian, or custodian have placed or attempted to place such a child in violation of Sections 5103.16 and 5103.17 of the Revised Code.

A child who, in lieu of medical or surgical care or treatment for a wound, injury, disability, or physical or mental condition, is under spiritual treatment through prayer in accordance with the tenets and practices of a well-recognized religion, is not a neglected child for this reason alone."

LACA (Columbus, Ohio) defines abuse as any sustained, non-accidental injury. Neglect is characterized by the omission of basic needs including food, shelter, and guardianship. Children are considered by LACA to be at risk when familial situations (e.g. poverty, death, parental separation) place the child in a position which may result in abuse or neglect.

C. Target Population

The target population will be children (ages zero to twelve) who are residents of Franklin County, Ohio, and who have already been abused and/or neglected or those who are at risk of being abused and/or neglected by their parent(s). The major focus of the program will be infants, toddlers, and pre-schoolers (ages zero to five) since these children have been shown through research and professional discussions to be more likely to experience family violence than older children.

D. Client Characteristics: The following client profile has emerged through discussions with professionals in New York, Denver, Salt Lake City, Springfield, Missouri, and Columbus, Ohio, as well as through literary research.

1. Parent(s)

Several common denominators among cases of child abuse characterize abusive parents and their family situations. These commonalities include a lack of knowledge or training in appropriate child rearing techniques, the parent's own inaccurate perceptions of the child as a mature and giving individual, poverty, separation, or death within the family unit, and the belief that physical violence toward children is a necessary and appropriate disciplinary action.

Child abuse knows no economic or social boundaries, although research supports the existence of increased abuse within low-income families receiving public assistance. Other common categories of potential child abusers include:

a. Parent(s) of a minority population: Blacks, divorced, teenage.

b. Parent(s) of young age (15-23 years old).

c. Parent(s) with a history of familial child abuse and/or neglect.

d. Socially isolated parent(s) with few support systems or resources.

e. Parent(s) with previous experience with social service agencies.

f. Single parent(s).

Most abusive parents were maltreated in childhood and did not experience exposure to appropriate parenting skills. Thus, in some instances, these abused parents reach adulthood as deprived, needy individuals whose children are unable to meet their unrealistic demands for affection; this leads to parental rage.

When these potentially abusive parents are under stress, the child often becomes the easiest and ultimate target to alleviate frustration. Marital problems, financial reverses, anger, or fear can result in child abuse. Usually, these familial stresses are heightened by isolation and lack of support systems. Hence, parents sometimes vent their emotions upon their child because there is no alternative release. Other emotional characteristics include:

a. Parental fear of losing the child.

b. Parental fear of punitive treatment through the program.

c. Parental anger toward the program or overall "system."

2. Child(ren)

Initially, most abused children exhibit behavior that is either overtly withdrawn or excessively active. Many are distrustful of their environment and may react violently to adults and other children. Kinard (1980) researched sixty abused and non-abused children (ages five to twelve years) to investigate whether abuse produces detrimental effects on the child's emotional health and development. Results indicated that abused children showed significant differences in selfconcept, aggression, peer socialization, establishment of trust, and maternal separation anxiety. This study supports the hypothesis that abused children have more negative self-concepts and handle aggressive impulses in more inappropriate ways (either intropunitive or extropunitive) than children who are not abused. Other common characteristics of abused children are:

a. Vulnerable to potential abuse because of familial crisis or have already been abused by the parent(s). This will be determined through parent referral or medical diagnosis (see Intake Procedure).

b. Between the ages of birth and five years of age (according to LACA and Children's Hospital professionals).

c. Fearful of new situations and people.

d. Fearful of abandonment.

e. Anxious and feeling responsible for abuse situation, or denying the problem and exhibiting superficial behavior.

f. Withdrawn or exhibiting acting-out behaviors.

E. Admission Criteria

Initial admission determinations will be ascertained by a trained hotline volunteer. Final admission determinations will be made by the intake social worker at NSCDC.

1. General Criteria

a. Preference for admission will be given to parents with limited income resources.

b. No person will be excluded from service because of race, religion, sex, or national origin.

c. Parents must agree to a child admission examination by either a physician at Children's Hospital or by a nurse at NSCDC.

d. There will be no limit on the number of children accepted from one family, provided space is available.

e. A single child may be placed in the program no more than three weekends during a year.

f. No medication will be administered to any child by the staff of the program except under extraordinary circumstances such as post-surgical or chronic illness. Medication will be administered under extraordinary conditions with a physician's permission.

g. The individual placing the child in the program must be the legal guardian of the child(ren).

h. Parents will provide clothing and personal articles needed by the child(ren) during the placement period.

2. Child Admission Criteria

a. Children placed in the program must be no more than twelve years of age.

b. Children with mild or moderate handicapping conditions or special needs will be accepted into the program.

c. Children must be free from communicable diseases.

d. Children must have been recently abused and/or neglected or be at risk of being abused and/or neglected.

3. Family Admission Criteria

a. The family must be in crisis, under extreme stress, or in an at risk situation.

b. The family must have no other alternatives available at the time of the crisis.

c. The family must legally reside in Franklin County.

d. The family must agree to cooperate with programs available through LACA or other community based programs.

e. The family must agree to complete appropriate intake and release forms.

F. Intake Procedure

It is anticipated that most of our clients will come from the Parents Anonymous groups located throughout Franklin County. These groups meet on a regular basis and are self-help support programs for parents who are feeling stressed. It is also anticipated that Children's Hospital will make referrals through their child abuse unit. Since the current child development program already networks with a number of other social service programs, it is likely that those agencies will also use the crisis program for their clients.

The initial call from the parent in crisis will be made to the Parents Anonymous Parent Connection hotline. The hotline volunteer answering the call will document and initially assess the crisis situation of the parent. If the parent and the child meet admission criteria, a brief explanation of the services available will be given. The parent will be informed that, in keeping with Section 2151.421 of The Ohio Revised Code, child abuse and/or neglect will be reported to Franklin County Children Services. This will be communicated in the spirit of support for the child as well as for the parent. The parent will then be connected to the intake social worker at NSCDC for further assessment.

In the event that the parent indicates he/she has abused his/her child(ren) and the intake social worker determines that the abuse is severe enough to warrant medical attention, the parent will be directed to the emergency room at Children's Hospital where the intake social worker for the crisis assistance program will meet the parent. If the intake social worker determines that immediate medical attention is not needed, the parent will be given directions to NSCDC. At all times, the hotline volunteers will be aware of space available in the program. If space is unavailable, referrals will be made to Franklin County Children Services.

A formal intake interview with the parent and the intake social worker will take place at NSCDC. During the intake interview, the intake social worker and the parent will discuss the crisis situation, review the policy regarding the reporting of child abuse and/or neglect, tour the facility, and discuss program details. Following the intake interview, the parent

will be required to fill out and sign a brief medical and social history of the child, a medical release statement of understanding regarding payment of medical emergency treatment, a statement of understanding regarding the reporting of child abuse and/or neglect, a termination of service contract which explains how long the child(ren) may remain in the program, when the parent will return for the child(ren), and action to be taken in the event the parent does not return for the child(ren) by the specified time, or in the event that the child(ren) develops a problem which is beyond the scope of the program.

While the parent and the intake social worker are discussing the crisis situation and reviewing options and resources available to the parent, the child will undergo a routine medical examination by a nurse at NSCDC. Social Services Instructions, Memorandum 103, Ohio Department of Public Welfare, stipulates that public child welfare must assure that the child receives... "an immediate admission examination by a physician or registered nurse for the purpose of identifying and treating medical problems, especially communicable diseases, before the child comes into contact with other children who are under care." Under Section 5101: 2-42-04, all emergency facilities must comply with this ruling. Emergency facilities include any place which provides temporary emergency care and includes foster care homes, group homes, and child care institutions. If abuse is determined and/or medical treatment is warranted, Franklin County Children Services will be notified and the child will be taken to Children's Hospital from NSCDC by the parent.

Child development specialists will be available to support and comfort the child as needed. Observations of the child will be conducted to ascertain his/her overall functioning level for use by staff members in establishing age-appropriate developmental activities.

In the event that a parent fails to return for the child at the specified time, and the parent has not contacted the Center to make other arrangements, every effort will be made to contact the parent or the designated emergency contact person. If neither can be contacted, law enforcement officials will be notified and their assistance solicited in locating the parent. At this point, an intake worker at Franklin County Children Services will be apprised of the situation. If the parent has failed to contact the crisis assistance program or return for the child by 4:00 p.m. Monday afternoon, a caseworker from Franklin County Children Services will place the child in an emergency foster care home. If the parent returns for the child(ren) following that time, he/she will be notified that Franklin County Children Services has assumed custody of the child(ren) and the parent will be given the name of the caseworker assigned to the case. It will be explained to the parent that this was the only recourse of the crisis assistance program and that he/she will now deal directly with Franklin County Children Services. This information will be documented and filed for future reference.

G. Daily Program

1. Theory

Children, in their daily living experiences, need practice in learning to adapt and adjust to their surroundings. This can be primarily achieved during the early phases through their play.

Play is one of the most important ways in which children learn that feelings can be safely expressed, that aggression and hostility can be managed and controlled, and that energy can be constructively utilized.

Water play is relaxing and undemanding of worried and anxious children. It can be anything that the child visualizes - repititious and monotonous, or exciting and inviting. Water also "washes things clean," a feeling that could be very comforting and soothing for the abused child.

Art activities, indoor and out, vary from day to day and offer the child awareness of his own power and control. Children gain immense pleasure from involvement in every phase of the project - mixing paint, cutting or forming clay, experimenting with form and color, and scrubbing tables and easels at cleanup time. All of these processes provide the children with numerous opportunities for self-expression.

The functions of dramatic play are many and varied. Children are able to imitate what they see in their environment. Children take over adult roles, playing out themes and situations that hold special significance for them. In support of this hypothesis, Charles Burch (1980) researched puppet play of an abused child. In an attempt to understand some the enduring psychological traumas of abuse, deprivation, and rejection, the child recreated many of his memories and emotions. Burch hypothesized this to be an attempt by the child at restitution and mastery of the previous trauma and concluded that dramatic play through puppet dramas can be used as an effective technique for treatment of the trauma of abuse and neglect experienced by children.

Fine and gross motor activities provide children the opportunity to discover large and small, wide and narrow, and concepts of weight. Deprived of this type of play, children cannot gain the concrete knowledge that they will grow to need. Blocks, dolls, cars and trucks, climbing equipment, and bicycles and wagons all afford children exposure to a better understanding of the large, not yet familiar, environment.

Books, films, and music provide children a refuge from the real, often traumatic world. Children fantasize themselves to be the likeness of their heroes/heroines, enabling them to feel more powerful and in control of their environment.

Activities are seen as therapeutic techniques to aid children in expressing new aspects and abilities from within themselves. By learning to imagine, create, and develop expressions of their feelings, they become more effective in increasing self-respect and developing appropriate problem-solving skills. Each accomplishment moves the child toward more challenging tasks and higher levels of self-esteem.

2. Practice

The overall focus of programming for the children will consist of providing necessary emotional support and care during the crisis placement period. This will be accomplished through age-appropriate group and individual play and crafts activities geared toward the child's social/emotional level of development. Personnel will be readily available to the child to provide warmth, sincerity, friendship, and comfort through one-to-one contact during his/her length of stay of up to sixty-one hours.

All children will be exposed to age-appropriate child development activities such as fine motor play, language development, water and sand play, music and literature, and creative/dramatic self-expression. The pre-school and older children will also have the opportunity to experience field trips to cultural and amusement locations.

All older children will be encouraged to participate in social interactions through discussion sessions but will not be forced to express themselves verbally since abused children are very often mistrustful of new situations and people. (See Schedule of Activities.)

SCHEDULE OF ACTIVITIES *

8:00 a.m.	Wake-up
8:00 - 8:30 a.m.	Clean-up, dressing
8:30 - 9:00 a.m.	Breakfast (Family Style) Assist with preparation, setting tables, and serving
9:00 - 9:15 a.m.	Clean-up
9:15 - 10:30 a.m.	Self selection/freeplay activities Sand/water play, language through books, dolls, cars, trucks, climbing equipment, card and board games, etc. Construction activities with blocks and other manipulative objects.
10:30 - 11:15 a.m.	Arts and crafts (structured and unstructured) Painting, play dough and materials, chalk, scissors, markers/crayons, paper and glue
11:15 - 12:00 p.m.	Group time
	0 - 2 year olds - Nap
	2 - 4 year olds - Songs, games, books, stories, films, records, tapes, puppets
	5 - 8 year olds - Songs, games, books, stories, films, records, tapes, puppets
	9 - 12 year olds - Songs, games, books, stories, films, records, tapes, puppets
12:00 - 12:30 p.m.	Clean-up for lunch
12:30 - 1:00 p.m.	Lunch (family style) Assist with preparation, setting tables, and serving
1:00 - 1:30 p.m.	Clean-up and naptime set-up
1:30 - 3:00 p.m.	Naptime and quiet activities
	2 - 5 year olds - Nap and quiet activities
	6 - 12 year olds - Quiet activities Books, puzzles, board and card games, outside play (roller skating, group games, bicycles, dramatic play, gardening, science and nature projects, sand/water play) or field trips.

3:00 - 3:30 p.m.	Snack
3:30 - 5:00 p.m.	Free selection of outdoor/indoor activities (dramatic play, gross and fine motor, creative expression, language through books, music and games)
5:00 - 5:30 p.m.	Circle time (all groups - discussion and transition)
5:30 - 6:00 p.m.	Clean-up for dinner
6:00 - 6:45 p.m.	Dinner (family style) Assist with preparation, setting tables, and serving
6:45 - 7:30 p.m.	Bedtime for infants
	2 - 6 year olds - Quiet activities (blocks, books, puzzles, water play, clay, crayons, paper and scissors)
	7 - 12 year olds - Quiet activities, study area for homework
7:30 - 8:00 p.m.	2 - 4 year olds - Bathing and bedtime preparation
	5 - 12 year olds - Discussion groups, guest speakers, stories, language through books
8:00 - 8:30 p.m.	5 - 7 year olds - Bathing and bedtime preparation
	8 - 12 year olds - Snack, films, movies
8:30 - 9:00 p.m.	8 - 10 year olds - Bathing and bedtime preparation 11 - 12 year olds - Quiet activities (books, magazines, games and art activities)
9:00 - 9:30 p.m.	11 - 12 year olds - Bathing and bedtime preparation

* Infant schedule will be based upon individual care needs.

VI. MANAGEMENT PLAN

Staffing

The staff of the crisis assistance child care program will consist of highly trained professionals experienced in child care and volunteers trained in crisis managment. Paid and unpaid staff will participate in training sessions conducted by LACA.

The staff will include a person holding a master's degree in social work, Category I classification. This person must have had at least two years of experience in crisis counseling. The Category I social worker will be the director of the crisis assistance child care program. It is anticipated that another person holding a master's degree in social work will also be on the professional staff and will be classified Category II. This person must have had at least two years experience in crisis counseling.

A degreed child development specialist will also be a part of the staff. This person will be responsible for implementing the scheduled activities for the children. The child development specialist will also screen the emotional state and needs of the child entering the program and will be available to discuss any disruptive or problematic issues with the parent(s).

The remainder of the staff working with the children and parents will be mature individuals who have at least a high school diploma and who have had some experience in residential care of children.

A registered nurse will be on twenty-four-hour call every weekend. The nurse will complete routine physicals on all children prior to placement in the program in order to detect child abuse, neglect, or communicable diseases.

In order to provide a safe environment for both staff and children, an unarmed security officer will also be on staff.

Volunteers are expected to become an integral part of the program. Their role will involve many tasks as described in the Volunteer Responsibility Profile in Appendix C. Approximately five training sessions will be held for volunteers emphasizing crisis intervention, child abuse, and domestic violence. Volunteers who undergo training will be expected to commit four hours per month for a twelve-month period. The volunteer schedule is comprised of a total of twenty-eight volunteers working one four-hour shift per month.

Sources that may yield volunteers include church and community groups, LACA Sustaining Board, TV and radio broadcasts, and college and university affiliated nursing, social work, and education majors (undergraduate and graduate students). All volunteers will be carefully screened with law enforcement checks and reference checks.

Shifts

The optimal schedule requires a total of seventeen paid staff members working a total of 339 hours per weekend. The staff consists of: one MSW Category I Social Worker, one MSW Category II Social Worker, one degreed child development specialist, twelve people who have at least a high school diploma (some with undergraduate work), one registered nurse, and one armed security officer.

In order to maintain a 1:3 staff/child ratio, four staff members will be present in the building at all times. Appendix B suggests the staffing schedule for the paid staff. Appendix B also suggests the staffing schedule for the volunteer component.

In the event of a personal emergency or illness of a staff member, staff members from the Monday through Friday child development program will be designated as substitutes.

Training

The characteristics of families likely to be served by the crisis assistance program (Berger, 1980), and the program's major focus on the emotional state of the parents and children (Program Description section), indicate a need for three separate but interrelated training components:

1. A comprehensive, interdisciplinary orientation to the subject of child abuse.

2. An integration of this information with the philosophy, policies, and procedures of the NSCDC crisis assistance program.

3. An ongoing forum to resolve questions and problems and to build rapport and mutual support among staff.

These three training components will be discussed separately.

1. Orientation to the subject of Child Abuse

   Objective To provide staff with comprehensive, state-of-the-art information from recognized local experts on a variety of issues surrounding child abuse.

   Participants Staff and Volunteers

   All staff members of the crisis assistance program and all volunteers who have been recruited for the initial six-month program will be required to take this training.

   In addition, the members of the current NSCDC program will take this training. As an extension of the current services provided by NSCDC, the weekend crisis assistance child care program will impact, directly or indirectly, all day care staff. Staff of both programs will be sharing the same facility, operating under many of the same philosophies and procedures, and, in some cases, may be involved with the same families. It is important that the staff of these two programs develop a sense of collaboration and support; this purpose is best accomplished through a mutual training experience.

   Training Content

   Issues to be addressed in the initial training include:

   Characteristics of the abusive family.

   Characteristics of the abused child.

   Medical aspects of child abuse and/or neglect.

   Legal aspects of child abuse and/or neglect and mandated reporting.

Client intake procedures and client support.

Program policies and procedures.

Developmental needs of abused children, and behavior management techniques.

Crisis management techniques and skill development.

Counseling and support techniques.

Staff motivation and support.

Training Format

Five three-hour sessions on consecutive weekday evenings are planned with one make-up session scheduled two weeks after the last regular session. The sessions will be held at NSCDC. Susan Ruffing, Program Director for LACA, will be the training director. Her responsibilities will include: meeting notification, room set-up, materials for distribution, audio-visuals, refreshments, speaker recruitment, agendas, evaluation, follow-up, and a training manual. Harri Amurgis, M.S.W. and Terri Wright, Program Assistant for LACA, will be assisting with all aspects of the training.

Training design

Session I

5:30 - 6:00	Welcome and introductions Mary Lynn Vaughan/Susan Ruffing
6:00 - 6:45	Overview of the crisis assistance project Mary Lynn Vaughan
6:45 - 7:00	LACA Susan Ruffing
7:00 - 7:15	Break
7:15 - 7:30	NSCDC Mary Lynn Vaughan
7:30 - 8:00	Film: Victims
8:00 - 8:15	Discussion and questions
8:15 - 8:30	Outline of future sessions

Session II

5:30 - 6:30	Filmstrip: "What the Educator Sees" Susan Ruffing - Discussion - Behavioral and physical indicators of child abuse and neglect

Session II (continued)

6:30 - 7:15 "How the Legal System Responds to Child Abuse and Neglect"
Scott VanDerKarr, Assistant County Prosecutor, Juvenile Court

7:15 - 7:30 Break

7:30 - 8:15 "Medical Aspects of Child Abuse and Neglect"
Jan McCleery, R.N., Child Abuse Team, Children's Hospital

Session III

5:30 - 6:30 "Franklin County Children Services - Investigation, Intervention, Treatment"
Deborah Foley, Public Information Office, Franklin County Children Services

6:30 - 7:00 "Characteristics of the Abusive Family"
Janice Beaty, M.S.W., Therapist, Family Counseling and Crittenton Services

7:00 - 7:30 Break

7:30 - 8:30 "Parents Anonymous - A Partnership of Parents and Professionals"
William McCulley, Parents Anonymous Coordinator, and Debby and Mae, members of Parents Anonymous

Session IV

5:30 - 6:30 Film: Behind Closed Doors
"Domestic Violence - Spouse Abuse"
Freddie Weeks, Program Director, Choices, Inc.

6:30 - 7:15 "Behavior of Abused Children"
Rosemary Bolig, Ph.D., The Ohio State University

7:15 - 7:30 Break

7:30 - 8:30 "Communicating with Parents and Children Under Stress"
Rick Doty, Coordinator, Adults Abused as Children
Mary Lynn Vaughan, Executive Director, NSCDC

Session V

5:30 - 6:15 "Community Resources: Help for Parents and Children"
Marilyn Tormey, CALL

6:15 - 7:15 "Policies and Procedures"
Mary Lynn Vaughan

7:15 - 7:30 Break

Session V (continued)

7:30 - 8:30 "Role Play - A Day in the Life of Crisis Nursery Worker" Cindy Thomas, Consultant, Communications and Human Resources

Evaluation/Controls

Prior to the first session, each trainee (staff member or volunteer) will be asked to write down all the questions he/she has about the topic of child abuse. Participants will bring these lists to each session and will be encouraged to pursue unanswered questions related to a particular speaker's topic.

At the end of the final session, all unanswered questions will be submitted to LACA for further clarification in an appropriate format. In some cases, this might be a written response or referral to publications. If there is sufficient lack of clarity on a particular topic, an additional training session will be scheduled.

Schedule

The initial training will occur one month prior to program operation. The training will be repeated seven months later to accommodate new staff and volunteers as well as those staff who wish to re-take a specific portion of the training.

2. Integration with NSCDC crisis assistance program

Objective To assist staff in making the transition from theory and information to actual daily operation of the NSCDC crisis assistance program.

Participants Same as for 1 above.

Training Content

Issues to be addressed include the philosophy of the Center in dealing with the client populations of the crisis assistance program, all policies and procedures relating to the operation of the program, and exploration of any areas in which the staff feel "unprepared."

Training Format

One three-hour session during the week following the child abuse training is planned. The session will be held at NSCDC. The primary trainer will be Mary Lynn Vaughan, with assistance from the MSW, Category I, who will perform an ongoing coordinative function with the crisis assistance program staff. All arrangements for this session will be handled by the current NSCDC staff.

Training Design

5:30 - 6:30 Relating what has been learned to the crisis assistance program

6:30 - 7:15 Policies and procedures of the weekend crisis assistance program

7:15 - 7:30 Break

7:30 - 8:15 General discussion of unanswered questions, areas in which staff feel unprepared, or "worst case" occurrences

8:15 - 8:30 Concluding activity to generate enthusiasm and group cohesiveness

Evaluation/Controls

Prior to this session, each trainee (staff member or volunteer) will be asked to write down questions related to his/her involvement or duties in the crisis assistance program. These questions, if unanswered, will be discussed during the 7:30 - 8:15 time slot. If there is sufficient lack of clarity on a particular topic, an additional training session will be scheduled. If an individual staff member or volunteer has unanswered questions, these will be pursued on a one-to-one basis with the appropriate supervisory staff.

Schedule

This training will follow the five-session child abuse subject orientation training.

Additional Considerations

The possibility of developing a Policies and Procedures Handbook for crisis assistance program staff and volunteers is currently under consideration. That such a manual may exist for another program in the United States is a possibility, and NSCDC staff are pursuing this; whether or not it will be applicable to the proposed program at NSCDC is unknown at this time. An additional factor in the development of this Handbook is whether or not staff perceive a need for it, or should be encouraged to suggest its contents, or both. It is likely that a Handbook, should it be developed, will not be available until after the six-month pilot program.

3. Ongoing Forum

Objective To provide staff and volunteers with an opportunity to discuss the operation of the crisis assistance program after any given weekend; to resolve unanswered questions or problems; and to minimize burn-out by creating a supportive milieu among staff and volunteers.

Participants Staff and volunteers involved in any particular weekend of the crisis assistance program

Content

The actual design of these sessions will be developed in collaboration with the North Central Mental Health Center with whom NSCDC already had an ongoing relationship. It is likely that the sessions will provide for specific, objective review of the weekend, as well as a built-in component to ensure continuing rapport, cooperation, and mutual support among staff and volunteers. In addition, early indicators of staff burn-out or isolation will be observed and solicited.

Evaluation/Controls

Staff and volunteers working on a specific weekend and participating in these follow-up sessions will be encouraged to make suggestions as to content of future sessions. While the sessions will begin with a designed format, it is anticipated that they may evolve into a different format as time goes on to respond to what staff and volunteers express as needs.

Schedule

During the first six months of operation, these sessions will take place at 7:00 a.m. on Monday. In this way, weekend events will be recent enough to promote detailed discussion. After the staff and volunteers have worked in the program for six months, it is anticipated that the sessions may be reduced in number.

Additional Considerations

It is important for staff to understand the administrative structure of the crisis assistance child care program and of NSCDC. While the orientation session will cover this information, the forum sessions will be designed to reinforce their understanding of the "safety nets" they can access in "worst case" situations. NSCDC has an excellent system in place to serve as a model for the crisis assistance child care program. The competence and availability of Advisory Board members and the substantial experience of LACA in dealing with these clients will be reinforced during early staffing sessions.

Detailed project budget, including income sources and expenditures.

A detailed budget for the first three years of the Crisis Assistance Child Care Program appears on the following pages. In summary, the program will require $155,997 during its first year, 1984-85; $166,240 during its second year, 1985-86; and $180,268 for its third year, 1986-87. The primary expense involved in operating the program will be for professional staff, both on-site at North Side Child Development Center and at the Parents Anonymous Hotline in the League Against Child Abuse; wages and salaries comprise approximately 75% of the program budget.

Plans for funding the first three years of the program include a combination of public and private-sector funding, as follows:

	Year 1	Year 2	Year 3
The Columbus Foundation	$50,000	$35,000	$20,000
The Leo J. Yassenoff Foundation	25,000	15,000	5,000
United Way and Revenue Sharing	50,000	70,000	90,000
Other Sources	30,997	46,240	65,268
	$155,997	$166,240	$180,268

Role Differentiation

North Side Child Development Center

The location of the crisis intervention program will be NSCDC. The child will be placed at NSCDC after the parent calls the Parent Connection Line and is referred to the Center.

The intake process will take place at NSCDC. The Center will receive all documentation of the crisis situation from the Parent Connection Line. NSCDC will maintain files concerning each client.

The staff of paid and unpaid employees will follow a daily schedule of activities. All supplies and materials needed for the program will be supplied by NSCDC.

NSCDC will provide clients with information regarding community resources and make the appropriate referrals.

League Against Child Abuse

LACA maintains the Parent Connection Line which operates twenty-four hours a day, seven days a week. Parents in crisis call the connection line and speak to trained volunteers. At this point, the parents will be referred to the crisis intervention child care program. While the child receives care at NSCDC, the parent will receive assistance through appropriate referrals.

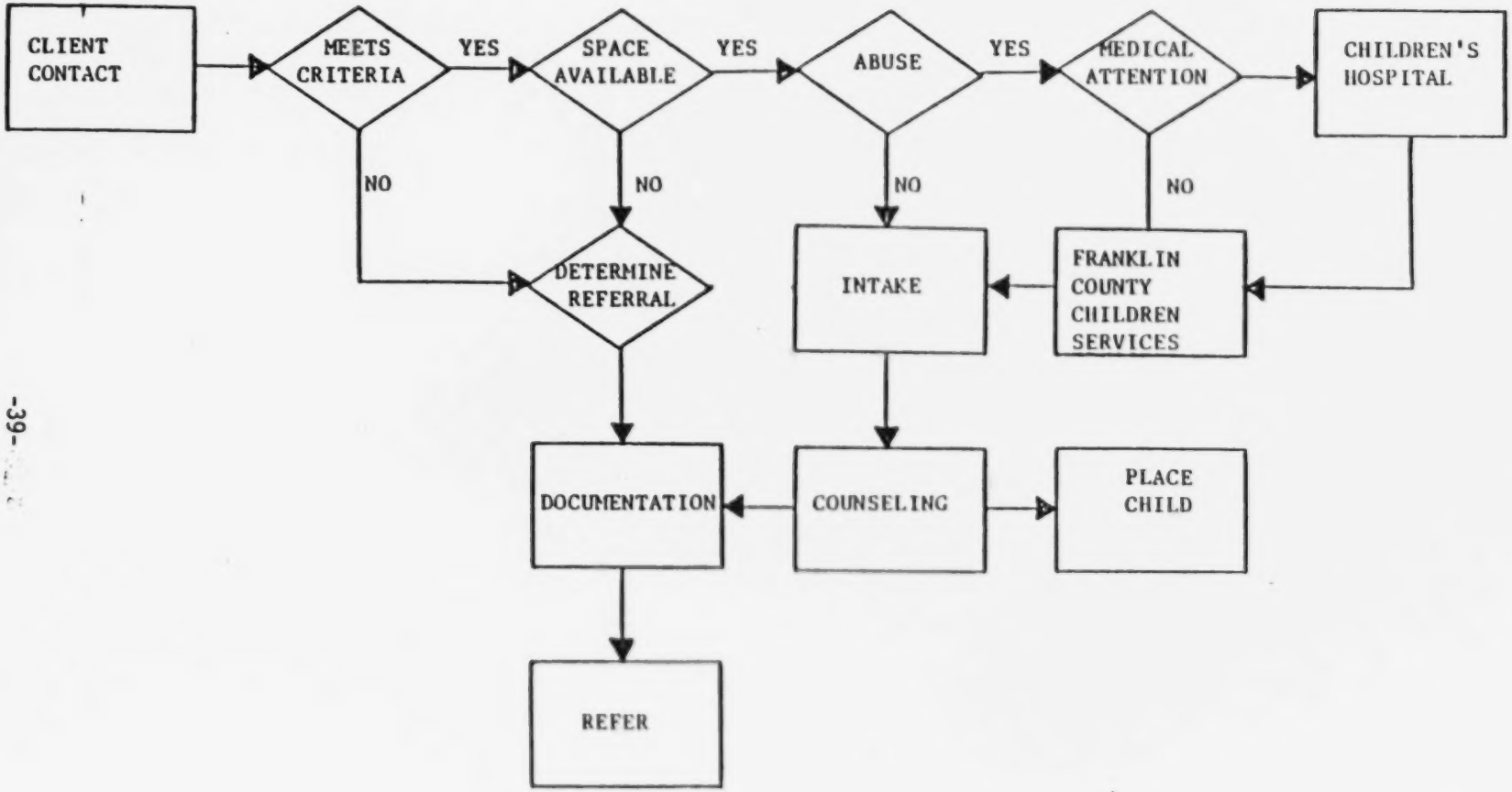
LACA will also be responsible for the training of staff and volunteers. The training will consist of seven sessions that will take place at NSCDC. Resources and materials for the training component will be the responsibility of LACA.

LACA has an established network in the community with which the crisis intervention child care program will be able to work.

LACA maintains a resource library that includes books, films, and pamphlets. NSCDC will be able to use the resources for client referrals, staff training, and community awareness projects.

VII. OPERATION FLOW CHARTS

FLOW CHART
PROGRAM DEVELOPMENT



FLOW CHART
INTAKE PROCESS

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APPENDIX

Appendix A

Factors Associated with Family Violence

Prior to the 1970's, child abusers were looked upon as "sick" individuals with severe psychopathology (Gelles, 1980). Parke and Collmer, 1975; Blumberg, 1974; Steele and Pollack, 1974; and Fontana and Bernard, 1971, all conclude that abusive parents are frequently emotionally, behaviorally and socially abnormal; they are rarely psychotic.

There is considerable lack of agreement with respect to the personality traits of abusive parents (Gelles, 1973). Some characteristics of abusive parents have been identified, although not consistently across studies. Research has shown that:

- females are found to be slightly more likely to abuse their children than males (Maden and Wrench, 1977).

- abusive parents tend to be narcissistic and immature and have poor impulse control (Blumberg, 1974: Bennie and Sclare, 1969).

- abusive parents have been found to have distorted perceptions of the abused child: to expect the child to meet their own unmet dependency needs; and to have expectations for the child which are unrealistic for the child's developmental level (Elmer, 1977: Steele and Pollack, 1974).

- most abusive parents report a history of abuse, neglect, or rejection in their own childhood (Blumbert, 1974; Steele and Pollack, 1974; Fontana and Bernard, 1971).

Child abuse is a complex phenomenon that involves more than one individual; a unidimensional model of child abuse based upon parental characteristics would seem to be far too simplistic to be useful (Berger, 1980). Research has indicated that abused children may play an eliciting role in abuse (Kempe and Helfer, 1972). Some of the characteristics of abused children include the following:

- Friedrich and Boriskin (1976) reviewed the literature and concluded that there is a much higher rate of prematurity and low birth weight among abused children than in the general population.

- males are slightly more likely than females to be victims of child abuse (Gil, 1970).

- children are most vulnerable to abuse from three months to three years of age. The first six months of life are the most dangerous time for abuse for the child at risk (Steinmetz and Straus, 1974).

- handicapped, retarded, developmentally delayed children, or those considered "different" by their parents are at a greater risk of being abused (Friedrich and Boriskin, 1976; Gil, 1970).

- it is frequently reported that children who were conceived premaritally, who were born out of wedlock, or who were unwanted are at a higher risk of being abused (Lynch, 1976; Smith, Hanson and Noble, 1974).

The social context of the family also plays an important role in contributing to the likelihood of child abuse. Some of the factors interacting in the family environment include the following:

- it is frequently reported that abusing families are socially isolated and lack contextual support (Elmer, 1977; Steele and Pollack, 1974).

- abusing families are thought to be alienated not only from the community, but also from their own extended families (Bennie and Sclare, 1969).

- a frequently reported characteristic of abusing families is a high mobility rate (Gil, 1970).

- environmental stressor play an important role in child abuse (Kempe and Helfer, 1972; Gil, 1970). Some of these stressors include:

  1) low socio-economic status
  2) low occupational and educational status
  3) unstable work histories
  4) general stress

- abusing families experience significantly more serious life crises than other groups (Burgess and Conger, 1977).

Appendix B
Staffing Schedule
Paid

Friday/Saturday and Saturday/Sunday

6:00 P.M. - 9:00 P.M.	9:00 P.M. - 2:00 A.M.	2:00 A.M. - 5:00 A.M.	5:00 A.M. - 6:00 A.M.
MSW I	MSW I	Staff E	Staff E
Staff A	Staff A	Staff F	Staff F
Staff B	Staff B	Staff G	Staff G
Staff C	Staff C	Staff H	Staff H
Staff D	Staff D	Staff I	Staff I
	Security	Security	

6:00 A.M. - 10:00 A.M.	10:00 A.M. - 6:00 P.M.
MSW II	MSW II
Staff E	Child Development Specialist
Staff F	Staff J
Staff G	Staff K
Staff H	Staff L

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Sunday/Monday

6:00 P.M. - 9:00 P.M.	9:00 P.M. - 2:00 A.M.	2:00 A.M. - 5:00 A.M.	5:00 A.M. - 7:00 A.M.
MSW I	MSW I	Staff E	Staff E
Staff A	Staff A	Staff F	Staff F
Staff B	Staff B	Staff G	Staff G
Staff C	Staff C	Staff H	Staff H
Staff D	Staff D	Staff I	Staff I
	Security	Security	

BREAKDOWN

STAFF	SHIFTS	HOURS PER WEEKEND
MSW I	6:00 P.M. - 2:00 A.M. (Fri., Sat., Sun.)	24
MSW II	6:00 A.M. - 6:00 P.M. (Sat., Sun.)	24
Child Development Specialist	10:00 A.M. - 6:00 P.M. (Sat., Sun.)	16
Security	9:00 P.M. - 5:00 A.M. (Fri., Sat., Sun.)	24
Nurse	As needed	10
Staff A	6:00 P.M. - 2:00 A.M. (Fri., Sat., Sun.)	24
Staff B	6:00 P.M. - 2:00 A.M. (Fri., Sat., Sun.)	24
Staff C	6:00 P.M. - 2:00 A.M. (Fri., Sat., Sun.)	24
Staff D	6:00 P.M. - 2:00 A.M. (Fri., Sat., Sun.)	24
Staff E	2:00 A.M. - 10:00 A.M. (Sat., Sun.) 2:00 A.M. - 7:00 A.M. (Mon.)	16 5
Staff F	2:00 A.M. - 10:00 A.M. (Sat., Sun.) 2:00 A.M. - 7:00 A.M. (Mon.)	16 5
Staff G	2:00 A.M. - 10:00 A.M. (Sat., Sun.) 2:00 A.M. - 7:00 A.M. (Mon.)	16 5
Staff H	2:00 A.M. - 10:00 A.M. (Sat., Sun.) 2:00 A.M. - 7:00 A.M. (Sun.)	16 5
Staff I	2:00 A.M. - 6:00 A.M. (Sat., Sun.) 2:00 A.M. - 7:00 A.M. (Mon.)	8 5
Staff J	10:00 A.M. - 6:00 P.M. (Sat., Sun.)	16
Staff K	10:00 A.M. - 6:00 P.M. (Sat., Sun.)	16
Staff L	10:00 A.M. - 6:00 P.M. (Sat., Sun.)	16
	Total Hours	339

Friday

6:00 P.M. - 10:00 P.M.

Volunteer

Saturday

8:00 A.M. - 12:00 A.M.

Volunteer

11:00 A.M. - 3:00 P.M.

Volunteer

2:00 P.M. - 6:00 P.M.

Volunteer

5:00 P.M. - 9:00 P.M.

Volunteer

Sunday

12:00 P.M. - 4:00 P.M.

Volunteer

3:00 P.M. - 7:00 P.M.

Volunteer

Staffing Schedule
Volunteer

Appendix C
Volunteer Responsibility
Profile

The volunteer's role in the project will be multi-faceted. He/she will be involved with office procedures, caring for the children, greeting clients upon their arrival at the facility, assisting the Director when interviewing clients, and providing referral information to the clients. Upon meeting the client, he/she will give him/her a tour of the facility and assist the Director in obtaining information from the parent, including the signing of release forms.

Volunteers will need to possess qualities of patience, determination, maturity, dependability, responsiveness, and an understanding of crisis situations. Any knowledge of child development and/or counseling will be helpful. Volunteers must be able to relate to families empathetically without getting too personally involved. All volunteers must have a minimum of a high school diploma or a GED equivalent and have attained the age of eighteen. All volunteers must be in good health and must maintain a yearly physical on file.

All volunteers will be required to attend the crisis training component. Each volunteer will be responsible for keeping a record of the number of hours spent working and must report any problems to the volunteer coordinator. All volunteers will be thoroughly oriented to the policies and procedures of the crisis child care assistance program.